



United States
Environmental Protection
Agency
Washington DC 20460

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

8/6608

ZL #176 ILS-000-001-155

Name CELOTEX CORPORATION
Street 1255 N. 5TH ST.
City CHARLESTON State IL Zip Code 61930

Name of Site KLEAN WELL
Street WEST ROUTE 316
City CHARLESTON County COLES State IL Zip Code 61920

Name (Last, First and Title) ENSLIN, R.H. 1ST LT. MANAGER
Phone 217-348-8151

From (Year) 1978 To (Year) Present 1981

[illegible]

000077 JUN -88



353785

JUN 10 1981

Notification of Hazardous Waste Site

Side Two

F

Waste Quantity

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet > 7.4

gallons _____

Total Facility Area

square feet _____

acres _____

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name LECIL M. COLBURNStreet P.O. BOX 22601City TAMPA State FL. Zip Code 33622Signature Lecil M. Colburn Date 6/8/81

- ☐ Owner, Present
☐ Owner, Past
☐ Transporter
☐ Operator, Present
☐ Operator, Past
☒ Other

Jim Walter corporation

P.O. BOX 22601 • TAMPA, FLA. 33622

To: US EPA Region 5
Site Notification
Chicago, IL 60604

MAY BE OPENED FOR POSTAL INSPECTION

